

Part 2**Member: Please Answer the Following Questions****1. Mark your gender.**

- ☐ Female
☐ Male

2. Mark your citizenship status.

- ☐ U.S. Citizen
☐ U.S. National
☐ Lawful Permanent Resident Alien of the United States

3. Are you registered to vote?

- ☐ Yes
☐ No
☐ Not sure
☐ Not eligible
☐ Prefer not to respond

4. (Optional) Which of the following categories best describes your racial or ethnic origins? (Mark one or more from A and one from B.)**A. Race**

- ☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White
☐ Asian

B. Ethnicity

- ☐ Hispanic origin
☐ Not of Hispanic origin

5. Which one of the following best describes your marital status?

- ☐ Single, never married
☐ Married, living with husband/wife
☐ Married, not living with spouse/legally separated
☐ Widowed
☐ Divorced
☐ Prefer not to respond

6. What is the highest level of education you have completed?

- ☐ Less than high school completed
☐ GED
☐ High school graduate
☐ Technical school/apprenticeship
☐ Some college
☐ Associates degree (AA)
☐ College graduate
☐ Some graduate school
☐ Graduate degree

I certify that:

- ☐ I have received a high school diploma or its equivalent; or
☐ I agree to obtain a high school diploma or its equivalent and did not drop out of elementary or secondary school to enroll in the program; or
☐ I am enrolled in an institution of higher education on an ability to benefit basis and am eligible for federal student financial assistance.

(The Corporation may waive this requirement if an independent evaluation demonstrates that you are not capable of obtaining a high school diploma or its equivalent.)

Member's Signature: _____

Date: _____

I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.

7. Do you have a disability?

- ☐ Yes (Specify: _____)
☐ No
☐ Prefer not to respond

8. Are you a veteran of the United States Armed Forces?

- ☐ Yes
☐ No

9. What are the two most important reasons why you decided to join this program?

- ☐ To get an education award
☐ To help other people/perform a community service
☐ To be part of a national movement
☐ To get a job/earn money
☐ Friends have joined
☐ To make friends
☐ To learn about or work with different ethnic/cultural groups
☐ Parents/teachers wanted me to join
☐ To explore future job/education interests
☐ To get involved in health issues
☐ To get involved in education issues
☐ To get involved in environment issues
☐ To get involved in public safety issues
☐ Other (Specify: _____)

10. How did you hear about this program? (Mark all that apply.)

- ☐ Read about it in an article
☐ Saw an advertisement in a newspaper/magazine
☐ Guidance counselor/teacher
☐ Parent/relative
☐ Current or former AmeriCorps Member
☐ Friend told me/friend applied
☐ Heard about it on TV commercial
☐ Heard about it on radio commercial
☐ Heard about it on the Internet
☐ Heard about it from an AmeriCorps recruiter/representative
☐ Received information in the mail
☐ AmeriCorps Program
☐ Poster
☐ Other (Specify: _____)

Privacy Act Statement - In compliance with the Privacy Act of 1974, the following information is provided. The collection of this information is authorized by the provisions of the National and Community Service Act, as amended by the National and Community Service Trust Act of 1993. The primary purpose of the information is to enroll individuals in the National Service Trust in order for them to receive and use an AmeriCorps education award. Additionally, for individuals who have indicated their desire to register with the Selective Service System, the information collected on page 1 will be provided to the Selective Service System for that purpose. Except as indicated above, no information will be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable income in the year it is used. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109), for use as a tax payer identification number. Failure to disclose the SSN or any other information may result in a denial of your being enrolled in an AmeriCorps program or it may delay the processing of your education award.

DIRECTIONS

Use black ink or pencil, print in capital letters, and fill circles completely.

**MEMBER SOCIAL
SECURITY NUMBER****Authorized Certifying Official**

1. Please complete and sign Part 3.
2. If you are using WBRS, please provide the form to whomever enters data into that database for your program. All others should mail completed forms to:

National Service Trust
Corporation for National Service
1201 New York Avenue, NW
Washington, DC 20525

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Part 3 Certifying Official: Please Complete and Sign

This section must be signed by an authorized certifying official. The program must designate certifying officials in writing to the Corporation for National Service.

1. Type of Enrollment

- ☐ Full-time (1700 hrs/yr)
☐ 1-Year part-time (900 hrs/yr)
☐ 2-Year part-time (450 hrs/yr)
☐ Summer } If Summer or Other
 } indicate length of
 } service term.
☐ Other

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Hours

2. Is the member enrolling in an AmeriCorps education award only position (i.e. received no CNS-funded living allowance or benefits)?

- ☐ Yes
☐ No

3. Will the member be receiving a living allowance?

- ☐ Yes
☐ No

4. Date of Enrollment

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Month Day Year

6. Expected Date of Completion

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Month Day Year

5. Type of Program

- ☐ AmeriCorps National Direct
☐ AmeriCorps State
☐ AmeriCorps Tribe
☐ AmeriCorps Territory
☐ AmeriCorps National Civilian Community Corps
☐ AmeriCorps Education Awards Program
☐ AmeriCorps Promise Fellows
☐ AmeriCorps America Reads
☐ AmeriCorps Governor's Initiative
☐ Other (Specify: _____)

7. Program Information**Operating Site I.D. Number**

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Name of Program or NCCC Campus

Address

City

State

Zip

Phone number

Signature of Certifying Official: _____ Date: _____

Name of Certifying Official (Please Print): _____

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THANK YOU!
